



REQUEST TO CLOSE ACCOUNT NOTICE

Use this form to notify your former Financial Institution that you are closing your account(s). Please be sure that all outstanding checks have cleared and all direct deposits and/or automatic payments have been stopped before closing the account.

Financial Institution Name: _____

Financial Institution Address: _____

To Whom It May Concern:

Please close the accounts noted below. **Effective:**

___ Immediately
___ On _____

Account Number: _____ ___ Checking ___ Savings

Account Number: _____ ___ Checking ___ Savings

Account Number: _____ ___ Checking ___ Savings

Account Number: _____ ___ Checking ___ Savings

Please forward all remaining balances to me at the following address:

Valley Communitites Credit Union
2290 County Rd X, Suite C
Kronenwetter, WI 54455

If you have any questions about this request, please contact me at: _____
(day time phone number)

Signature: _____ Date: _____